



City of Seattle

Office of Police Accountability

Free Interpretation Access Available

USE THIS FORM TO FILE A COMPLAINT AGAINST A SEATTLE POLICE DEPARTMENT OFFICER OR EMPLOYEE

To submit a complaint anonymously, omit any self-identifying information on this form. This form may be brought in-person or mailed to the OPA address below, emailed to: opa@seattle.gov or faxed to: 206-233-7907. Any questions, call 206-684-8797.

Your Information:

Last Name, First Name Middle Initial: _____

Address, City, State, Zip: _____

Phone Numbers (include numbers you wish to be contacted at): _____

Email Address: _____

As a public agency, all our records are subject to the WA Public Records Act, which requires all information to be disclosed when requested. If you do not want your information disclosed, check No below, and OPA will protect your information to the extent allowed by law. Please note that this may still involve revealing some of your information.

Do you want your name and contact information disclosed? ☐ Yes ☐ No

Mediation is a voluntary, confidential process facilitated by a Mediator who helps community members and officers talk and listen to each other.

Would you be interested in Mediation for this complaint? ☐ Yes ☐ No

Pursuant to SMC 3.28.825, the OPA Director is required to report the racial, ethnic and gender distributions of OPA complainants. It is voluntary, but helpful to know the following information:

Gender

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Nonconforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> TransMale | <input type="checkbox"/> Decline |
| <input type="checkbox"/> TransFemale | |

Racial/Ethnic Background

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> 2 or More |
| <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White | <input type="checkbox"/> Decline |

Information about the Incident:

Location _____

Incident Date (month/day/year) _____ Incident Time (AM/PM) _____

SPD Officer/Employee(s) (If known) _____

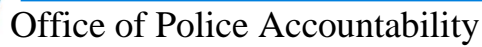
Name of Witness(es) or Others Involved _____

Witness Phone _____

Seattle Police Department Report/Incident Number if known or applicable _____

Do you have or are you aware of any photographs or video relevant to this incident?

☐ Video ☐ Photos ☐ No



(You may include additional sheets of paper to continue the description of the incident if needed.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.
